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Case Study

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CLINICAL CASE STUDY OF ANAL DILATATION AND MADHU SARPI LEPAM IN MANAGEMENT OF GUDPARIKARTIKA W.S.R. FISSURE-IN-ANO

Dr. Vivek Kumar Tiwari[1], Dr. Rajendra Kumar Dixit[2], Dr. Yogeeta Sheshker*[3]

[1&2]Assistant Professor, Department of Shalya Tantra, Rani Dullaiya Smrati Ayurved P.G. College and Hospital Bhopal (M.P.)

[3]P.G. Scholar, Department of Shalya Tantra First Year, Rani Dullaiya Smrati Ayurved P.G. College and Hospital Bhopal (M.P.)

***Corresponding Author: Dr. Yogeeta Sheshker**

P.G. Scholar, Department of Shalya Tantra First Year, Rani Dullaiya Smrati Ayurved P.G. College and Hospital Bhopal (M.P.)

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ABSTRACT

According to acharya charak, parikartika is seen in complication of vaman and virachan vyapad.[1] An anal ulcer is chronic fissure, associated skin tag (SENTINEL PILE) and a hypertrophied anal papilla. Fissure result in forceful dilation of anal canal, most commonly during defecation. Fissure -in- ano is a very common and painful condition. commonly occur in midline posteriorly. Anal fissure is considered acute when it is of recent onset (less than a six week), and chronic if it is has been present for longer period, taking on a characteristic as per that includes perianal skin tag, fibrotic edges, and a proximal papilla.[2] Pain after deafecation which remain contast up to 4 hrs, which is burning or cutting in nature. Hard stool particular character i.e. pellet like SENTINAL TAG -Its due to malunion fibrosis and chronicity. This case study is of 20 year old female patient present with burning pain during and after defecation and constipation since 1 year. Patient was successfully treated by anal dilatation and madhu sarpi lep[3] application for 7 days.

KEYWORDS: GUDPARIKARTIKA, FISSURE-IN ANO, ANAL DILATATION, MADHU SARPI LEPAM.

INTRODUCTION

The commonest site of fissue-in-ano is 6 o' clock, mid line posterior, most common found in adults, after delivery in female. The cause of fissure-in-ano is constipation and passing of hard stool and due to many diseases like ulcerative colitis, irritable bowel syndrome, ulcerative colitis, chronic amoebic dysentery etc. fissure-in-ano classified into two type, acute fissure-in-ano and chronic fissure-in-ano. Acute fissure-in-ano in which only inflammation of the mucosa and in chronic fissure is deeper has genrally exposed internal anal sphincter (IAS) fibers at its base.[4]

CASE REPORT

A 20 year old female patient student by profession come to shalya tantra OPD of R.D.Memorial P.G.Ayurveda college and hospital with the complaints of burning pain during and after defacation and constipation since 1 year. she has no history of past illness.

Examination

On inspection sentinel tag on 6 'o clock position and tear.

Aims and Objective

To evaluate the effectiveness of anal dilatation and madhu sarpi lep application in GUDPARIKARTIKA[5] (fissure-in-ano.)

Surgery Plan

The patient was admitted to R.D. Memorial P.G. Ayurvedic College and Hospital, where she underwant to following treatment.

1.Labortory Investigation: Blood and urine tests including blood count, fasting blood sugar, bleeding time and clotting time, HIV TEST, HB_SAG.
2.Instuments: Instruments such as gauze piece, sponge holder forceps, thread, suture needle, mosquito forceps, towel clips.
3.Pre-Operative Procedure: Patient is NBM for 6 hrs. vitals are stable.

On the Day of Surgery
Injection xylocaine sensitivity 2% 0.1 ml ID was performed.
Injection T.T.0.5 ml intramuscularly given Stat.
Proctolysis enema was given.

Painting and Drapping of the surgical area. Written informed consent was obtaind perior to the procedure from patient and Attendants.

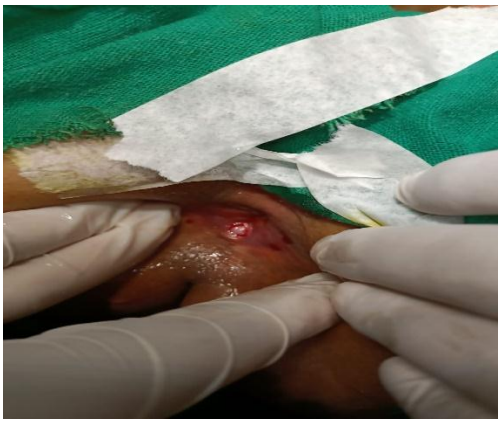
Surgeon's Preparation
Surgeons must be mentally prepared to treat the case based on diagnosis based at the scheduled time. He must scrub thoroughly and was his hands with an appropriate antiseptic soap. The appropriate glove size should be changed in all cases.

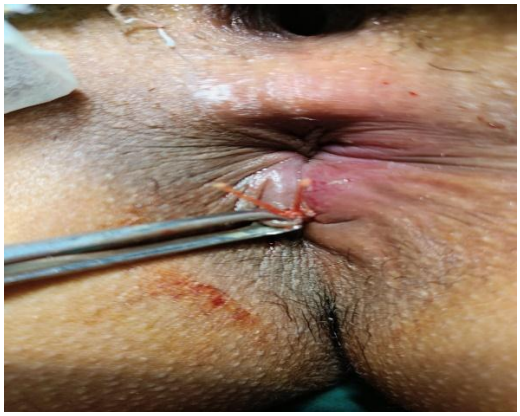
Surgical Procedure
The patient lies in lithotomy position. Painting is done with a sterile and antiseptic solution, followed by aseptic drapping. Under local anesthesia. First four fingers anal stretching (anal dilatation) was performed with the help of lubricated fingers of both hand as per LORD'S anal dilatation procedure. And ligation of sentinel tag was done and excised. Dressing was done. Patient was shifted to recovery room with stable vitals.

Post Surgical procedure
Hot sitz bath with triphala kwath and wound cleaning was advised.
Madhu sarpi lepam was applied.
Basti of JATYADI TAILAM was given for 7 days.

On the 7 day, the patient was discharged with following internal medication.
1] Hot sitz bath with triphala kwath twice daily
2] Syp. Amlycure DS 2tsf TDS
3] Triphala gugullu 2 BD
4] Abhiyaristha 20mi BD with equal quantity of water
5] Madhu sarpi lepam L/A

OBSERVATION AND RESULTS
About 21 days Complete recovery of the wound took place. The anal dilatation in gudparikartika (fissure-in - ano) and madhu sarpi lepam was applied with successful treatment without disadvantage. which was based on practical experience gained over many year of practices. It take minimum time in procedure. It take less duration of treatment. In this procedure least instrumentation are required can be easily practiced in small clinical setup with aseptic measures. It is inversive type of treatment.


ANAL TEAR AT 6'O CLOCK


SENTINAL TAG LIGATION AT 6'O CLOCK

DISCUSSION
Fissure-in-ano are commonly increasing in society. Inappropriate diet, long sitting and psychological disturbance. Madhu sarpi lepam is most effective in gudparikartika due to its healing properties as well as reduce the burning and pain and there is no complication of anal dilatation. Change in lifestyle and food along with medicine ayurveda has miraculous result in these kind of disease.

CONCLUSION
In management of gudparikartia anal dilatation and application of madhu sarpi lepam has lesser chances of infection and postoperative complication. This treatment is minimally innasive and offers the patient a better quality of life. In these study treatment with minimum complication and easy procedure in management of Gud pariartika.

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